

HOME VISIT CHECKLIST

Appendix N
 Agency _____ Date _____
 Individual(s) _____ Reviewer _____
 Address _____ Staff Name(s) _____
 Modular Home _____ Wheels Removed _____ Anchored _____ Adequate Windows for Exit _____
 FHP _____ Deadly Weapons _____ Ammunition stored separately _____ Ammunition under double lock _____
 2+ Fire Extinguishers _____ 1+ ABC Rating _____ Strategically located _____ Evacuation Plan _____
 2+ Smoke Detectors _____ Strategically located _____ Modified Signal System _____ 120 or less water temp _____
 Sanitary conditions _____ Safe storage and use of household items _____ Adequate Staffing _____
ADA Compliance: Ramp(s) _____ Bathroom(s) _____ Kitchen _____ Bedroom(s) _____

INDIVIDUAL'S INITIALS

Met	Not Met	Met	Not Met	Met	Not Met

BEDROOMS						
Sufficient Bedding						
Roommate Matching						
Age Appropriate Room						
<i>Rights Restrictions?</i>						
Due Process						
Treated w/Dignity & Respect						
RECORD						
Crisis Prevention Plan						
Photograph -recognizable						
Consent for emergency treatment						
MAP 351 or Residential Assessment						
Current POC						
Transition Plan, if applicable						
Support in obtaining outcomes						
BSP						
Staff Training						
Separate & Accurate Financials						
<i>Meeting Nutritional Guidelines?</i>						
MEDICATIONS						
Current prescription(s) or Dr. Order(s)						
Storage requirements						
MAR recordings						
Proper Labels						
Self Administration						
INDIVIDUAL OUTCOMES						
Participate in the life of the community						
Significant & meaningful accomplishments						
Educated & informed of options 4 best health						
Received education & training on AN & E						